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1983

# REGIONAL BOARD MEMBERS

## HEALTH DISTRICT NO. 1

Mr. Metro Wintonyk (representing Village of Stornoway)

## HEALTH DISTRICT NO. 2

Mrs. Angeline Polegi (representing Village of Jedburgh)

## HEALTH DISTRICT NO. 3

Mr. Steve Pask (representing R.M. Fertile Belt No. 183)
(deceased June 18, 1983)

Mr. William Patrick (representing Village of Grayson)
(effective October 18, 1983)

## HEALTH DISTRICT NO. 4

Mr. Ernie Bogucky (representing R.M. Keys No. 303)

## HEALTH DISTRICT NO. 5

Mr. Thomas Miller (representing R.M. Hazel Dell No. 335)
(deceased August 26, 1983)

Mr. Edward Brezinsky (representing Village of Buchanan)
(effective October 18, 1983)

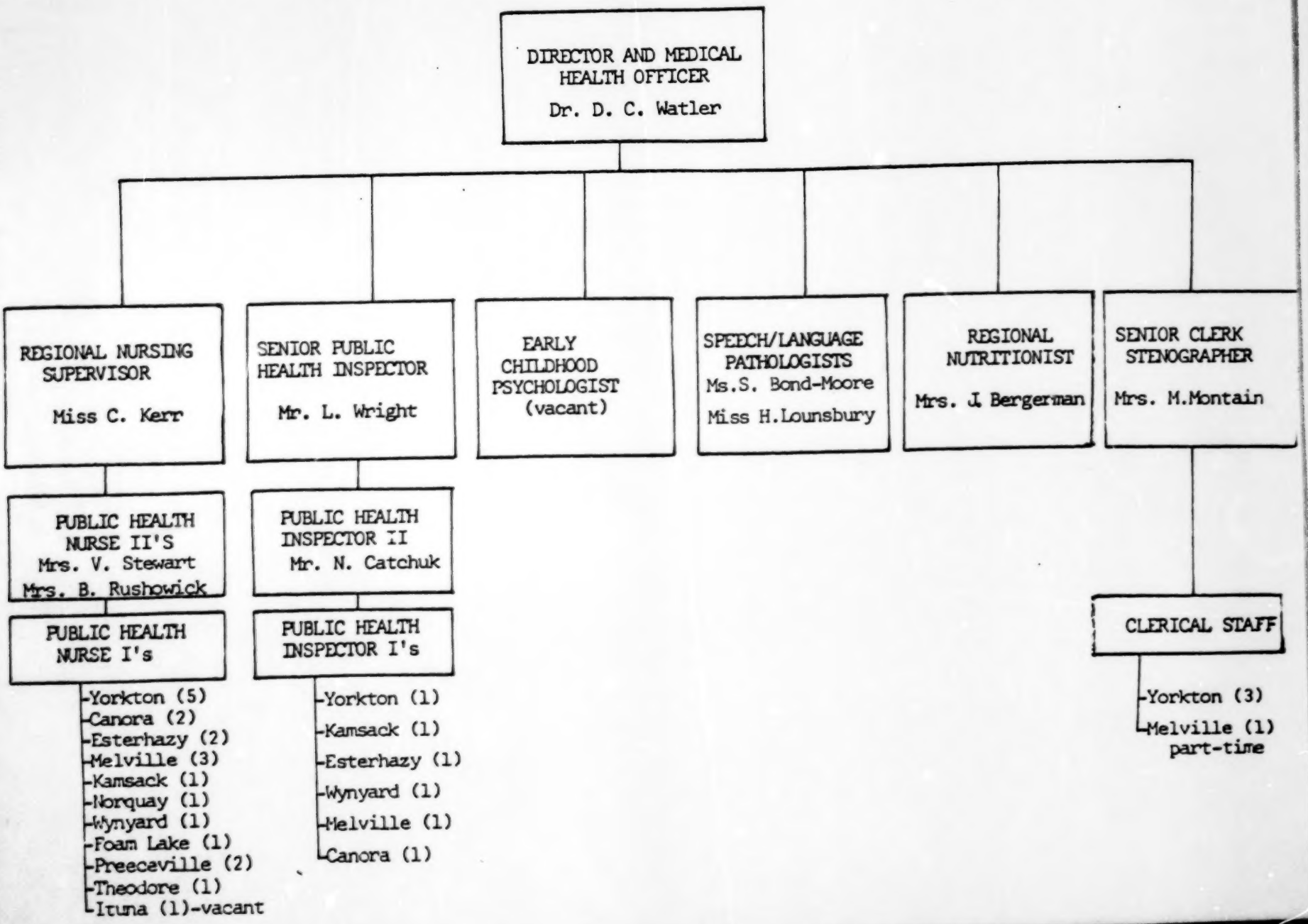
## HEALTH DISTRICT NO. 6

Mr. Paul Stan (representing R.M. Foam Lake No. 276)

ORGANIZATION CHART

YORKTON-MELVILLE HEALTH REGION

DECEMBER 31, 1983



DIRECTOR AND MEDICAL HEALTH OFFICER

Dr. D.C. Watler

REGIONAL NURSING SUPERVISOR

Miss C. Kerr

SENIOR PUBLIC HEALTH INSPECTOR

Mr. L. Wright

SENIOR CLERK STENOGRAPHER

Mrs. M. Montain

PUBLIC HEALTH NURSE II

Mrs. B. Rushowick
Mrs. S. Kozicki**

PUBLIC HEALTH INSPECTOR II

Mr. N. Catchuk

REGIONAL NUTRITIONIST

Mrs. J. Bergerman*

SPEECH/LANGUAGE PATHOLOGISTS

Mrs. S. Bond-Moore
Miss H. Lounsbury

EARLY CHILDHOOD PSYCHOLOGIST

Mrs. D. Parker-Loewen
(currently on educational leave)

- / - / - / - / - / - / - / - / - / - / - / - / - / - / -

YORKTON

Mrs. L. Wunder, Public Health Nurse I
Mrs. D. Churko, Public Health Nurse I
Mrs. J. Zahaik, Public Health Nurse I
Mrs. D. Norman, Public Health Nurse I
Miss C. Stefan, Public Health Nurse I
Mrs. J. Roll, Public Health Nurse I *
Mrs. D. Clow, Public Health Nurse I *
Miss D. Kahoot, Clerk Stenographer II
Mrs. M. Karakachuk, Clerk Typist II
Mrs. M. Bantle, Clerk Typist II ***
Miss D. Letwinetz, Clerk Typist II
Mr. A. Gazdewich, Public Health Inspector I

MELVILLE

Mrs. S. Bell, Public Health Nurse I
Mrs. M. DeBruin, Public Health Nurse I
Mrs. J. Oucharek, Public Health Nurse I*
Mr. J. Bell, Public Health Inspector I
Mrs. G. Walls, Clerk Typist II *

ESTERHAZY

Mrs. L. Tochor, Public Health Nurse I
Mrs. G. Stumborg-Rosin, Public Health Nurse I**
Mr. G. Combres, Public Health Inspector I

CANORA

Mrs. D. Korol, Public Health Nurse I
Miss C. MacLeod, Public Health Nurse I
Mr. N. Catchuk, Public Health Inspector II

KAMSACK

Miss I. Allsen, Public Health Nurse I
Mr. A. Rakochy, Public Health Inspector I

PREECEVILLE

Mrs. M. Demetrow, Public Health Nurse I
Mrs. D. Maksymiw, Public Health Nurse I

ITUNA

(position vacant)

THEODORE

Mrs. V. Stewart, Public Health Nurse I
(educational leave until May 1/83)

FOAM LAKE

Mrs. B. Arneson, Public Health Nurse I

NORQUAY

Mrs. P. Johnson, Public Health Nurse I

WYNYARD

Mrs. V. Fister, Public Health Nurse I*
Miss C. Stefan, Public Health Nurse I
(effective September 16, 1983)
Mr. B. Wright, Public Health Inspector I

*Part-time
**Leave of absence
***Resignation

Chairman's Report on Board's Activities in 1983

(1) Six meetings of the Regional Board of Health were held in 1983 on the third Thursday of every second month from January to November. The average attendance at board meetings was 5.

(2) The Chairman of the Board, Mr. Tom Miller died on August 26, 1983; he had been a founder member of Regional Board of Health in 1958 and had been Chairman for 11 years before his death. His passing was deeply regretted by the Community and by all Regional Health Representatives, as he had given outstanding service for such a long time.

(3) Mr. Steve Pask,who represented Health District No. 3 for many years,died on June 18, 1983. He had resigned some months previously and his place on the Board was taken by Mr. W. Patrick. Mr. Pask had been a Board Member for nearly 9 years, and before that had been a Health Representative for many years. Mr. Pask gave outstanding service in the field of health during his tenure of office, and his death is regretfully recorded.

(4) Other new members of the Board elected during 1983 were: Mr. W. Wintonyk to replace Mr. Roebuck as Board Member for Health District No. 1; and Mr. E. Brezinski to replace Mr. Miller as Board Member for Health District No. 5.

(5) The Board protested vigorously to the Department during the year on the freezing of many vacant staff positions and towards year end the situation had improved considerably. It was noted with satisfaction that during the year 2 speech/language pathologists began working full time in the Region - a recommendation long made by the Board.

(6) Progress was made during the year in discussions between Board Chairmen and the Minister and it is hoped that shortly some more definitive action will be taken to more clearly identify the duties and responsibilites of Health Representatives.

(7) Presentations were made during the year to the Board by the following persons: Ms. Diane Balacko, Coordinator of the Parkland Early Childhood Intervention Program, who explained the program to the Board; Ms. Johanna Bergerman, Regional Nutritionist, who showed an interesting film on "Eat, Drink and Be Wary"; Mr. Michael Woods, Coordinator of the Yorkton and District Alcoholism Society,who explained the Society's role and the grave problem of alcoholism in the Society; Medical Health Officer showed a film on "Wise Use of Drugs", especially in relation to multi-drug use by the elderly. These educational presentations kept Board Members fully aware of certain important public health programs and problems to enable a more meaningful communication with municipal councils and the public.

(8) After persistent recommendations in the past the Board learned that the pesticide can disposal problem may be a little closer to solution as pesticide collection sites were being designated, but the full effect of this will not be known until the late spring.

In conclusion, I would like to state that I acted as Chairman of the Board for only the last meeting in 1983. My appointment as Chairman was confirmed in January of this year, and I look forward to working closely in the future with all Health Representatives and Health Department Staff, so that health concerns in the Region will continue to receive the necessary priority.

Annual Report - 1983

Director and Medical Health Officer - Dr. D.C. Watler

It is again my pleasure to present an annual report for the calendar year, 1983 and this is now my fourth such annual report since assuming duties here.

Routine staff, and regional meetings were attended as usual, and the following special educational conferences attended:-

- POGO Conference for Physicians (Paediatrics, Obstetrics and Gynecology) which takes place annually sponsored by the Continuing Education Program of the University of Saskatchewan. Special topics presented of public health interest were: contraceptive update, adolescent pregnancy, behavioural problems in children, accidents in childhood, and meningitis.

- Cancer Symposium - again organized by the University of Saskatchewan. This gave an update on cancer research, therapy and preventive and control measures.

- Annual Meeting of the Saskatchewan Public Health Association, where a personal presentation was given on hepatitis A in the homosexual, and effective methods used to control a potential outbreak.

- 5th World Conference on Smoking and Health held in Winnipeg in July 1983 where over one thousand delegates from 79 countries attended. The need for more aggressive international cooperation to control diseases caused by smoking was stressed and one of the most important recommendations made was for a ban on advertising and sales promotion of tobacco; other important aspects came from research papers stressing the hazard of second hand smoke; dealing with the increasing numbers of women taking up the smoking habit, and especially the increase in teenage female smokers; targeting effective educational efforts in the school to prevent young persons from starting the addiction; adequate coordinated activities of the many Quit Smoking programs; increased taxation on tobacco products, and more realistic and rotating health warnings on cigarette packages. Over 1 million persons now die annually worldwide from diseases directly attributable to smoking,* and the Conference stressed the urgency of controlling this terrible epidemic.

- Seminar on Screening procedures in Public Health practice; this was a review of many public health screening programs such as those carried out for scoliosis, vision, hearing, child development, etc. and the need for continual evaluation of these programs as to reliability, effectiveness and efficiency.

Attendance at such seminars annually is important if one is to remain proficient as a community health physician, and we are grateful of the opportunities provided to attend such conferences.



* Editorial. World Smoking and Health, American Cancer Society, Autumn, 1983.

Other personal activities of note during the year were:-

(i) Having to act for the last 4 months of the year as Medical Health Officer for the Saskatoon Rural Health Region owing to the resignation of the Medical Health Officer there. This necessitated considerable travel, and resulted in less time being available for work in this Region. Such emergencies may arise, however, from time to time and priorities have to be established.

(ii) Appointment as Coordinator of a Vision Screening Committee to plan and revise the Department's current vision screening program especially with regard to new initiatives designed to detect problems in the preschool child. This involved many meetings with public health staff and eye care practitioners, and study of the relevant literature so that the best use could be made of available resources. Much controversy exists in this field as to the best instruments to use for screening, who should do the screening, what tests should be done, at what age should these be done, etc. We are, however, working towards a consensus and this Committee's work is now in its final stages.

General Comments

(1) We are pleased that two speech/language pathologists are now working full time in the Region, and reports will be given later by these two officers.

(2) No Early Childhood Psychologist (ECP) again worked in this Region during the year. The incumbent is on study leave leading to a Ph.D. degree, and no temporary replacement was employed. The lack of an ECP is a serious deficiency in adequately programming for preschoolers. Again no report can be given this year by the ECP.

(3) We participated in updating the infectious disease control manuals in the hospitals in the Region, and gave appropriate advice and help in updating immunization schedules for hospital employees.

(4) We continued to press for adequate disposal of hazardous wastes from hospitals and were pleased to note that one of the larger hospitals in our area has now obtained the necessary funding to be equipped with a satisfactory incinerator.

(5) Interagency meetings continued regularly throughout the area with representatives from Health, Social Services, Psychiatry, Community Colleges, R.C.M.P., Indian Affairs, Education, Hospitals, etc., and coordination at the local level remains good and has even increased in some areas. Linkage of services at a higher administration level is still not satisfactory; however, there have been some recent initiatives in this regard.

(6) Public Health Inspectors and nurses were actively involved in controlling some outbreaks of communicable diseases and more details on this will be given later.

(7) Rehabilitation Clinics were held again twice during the year with Dr. White in attendance. A total of 74 patients were seen at the May Clinic, and 76 were seen at the October Clinic.

In conclusion I would like to thank all the members of the Board for their cooperation, interest and valuable help during the year. In spite of the many changes on the Board all new members rapidly adapted to their new role, and particularly we are grateful for the interest, and help they displayed in maintaining an adequate continuity in the work of the Department. We are also grateful to all members of staff for their continued devotion to duty,for their cooperation, and for having to undertake much extra work during the year owing to the many posts that remained vacant for varying periods during the year. Finally we are grateful to all members of the news media for their willingness to feature health promotion topics, and for their understanding and cooperation during times of emergency.

## Vital Statistics and Communicable Disease Report

Table I shows the population of the Yorkton-Melville Health Region for 1983; the data being from the SHSP covered population as at June 30, 1983. This total population of 83,154 includes registered Indians and shows a slight decrease of 0.2% from 1982. The registered Indian population was 4201 - which is a slight increase of 1.4% - resulting in a population of 78,953 of non status Indians in the Health Region as at mid 1983.

Table II shows the population of the Province of Saskatchewan as 1,014,496 at mid 1983, an increase of 1.4% from the previous year. The progressive aging of the population is again shown with 16.8% of persons in this Health Region being over 65 years of age (compared to the provincial average of 12.0%), giving a total dependency ratio of 0.646. This means that on the average, only approximately 1.5 persons are in the work force (age 15-64) having to support one person who is not normally in the work force (i.e. 0-15 years of age, and 65 years +). This situation has many implications for health and economic planning. As an example of just how old our population is, a recent report* estimated that only by the year 2021 will the national average for all Canadians indicate 16.4% of the total population to be 65 years and over.

Table III shows the life expectancy at birth in Saskatchewan and Health Region No. 10 for the last 2 years available. This shows the excellent longevity of our population and that on the average the expectancy of life for a female infant at birth is 6-7 years longer than for a male.

Table IV gives a summary of the vital statistics for the Health Region for the period 1974-1983 and compares this with those of the province.

Definitions:

Infant Mortality Rate: The number of deaths in infants under one year of age per 1,000 live births.

Neonatal Mortality Rate: The number of deaths in infants one month and less per 1,000 live births.

Perinatal Mortality Rate: Number of deaths within the first 7 days of life plus stillbirths from 20 weeks' gestation per 1,000 total births This is a relatively new rate and has been used since 1981

*Sixty-five and older - National Council of Welfare February (1984) p.4

Birth Rate: The number of live births per 1,000 population.

Gross Reproductive Rate: This represents the average number of female infants that would be born to each woman who lived to reach the age of 50. It is derived from the total fertility rate, and is a more accurate measure than the birth rate, and indicates the ability of the population to reproduce itself. If the rate falls below 1.000 then the women in the population are not producing enough female children to reproduce themselves even if all their children lived to maturity.

The data show no significant trends for the year, but the general improvement in the indicators of child health continues with the Health Region continuing to show somewhat better rates than the provincial average. The total number of births in the province is the highest it has been since 1974 but this is not yet reflected in the gross reproductive rate.

There were 786 deaths in the Health Region in 1983 compared to 885 the previous years, but no conclusions from this can be drawn as the period involved is so short. The major causes of death continued as in previous years, and it will take more time to appreciate any significant changes.

With regard to infant mortality:of the nine deaths, five were due to congenital abnormalities incompatible with life; two were due to pneumonia; two were due to asphyxia with lung collapse. Congenital abnormalities as a cause of infant deaths and disability are becoming relatively more common as general medical and public health care improve; unfortunately so far such deaths are largely non-preventable.

Table V shows the incidence of certain important communicable disease for the 10 year period 1974-1983. Observations of note are:-

(1) There have been no cases of syphilis, measles, and rubella reported for the last two years, and we are very pleased with this trend. There is no doubt that the intensive measles immunization program carried out in 1982 is the major factor responsible for the absence of measles and rubella cases; and this trend has been province wide. Syphilis is unlikely to be under reported and it is gratifying to note that this health region and Saskatchewan in general have significantly lower rates than the Canadian National figure (see Table VI). Hopefully it may prove not impossible to totally eradicate these diseases in the near future.

(2) The lowering in incidence of pulmonary tuberculosis has been maintained.

(3) Giardiasis seems to be on the increase; whether this is really an increase or due to the fact that it is being looked for more intensively than previously, remains uncertain. However, as this condition is largely spread through contaminated surface water,we have maintained special vigilance on municipal water works using surface water as their source. All cases of giardiasis are carefully investigated, and in 2 cases in 1983, the condition was traced to a polluted spring, not in regular use; in no case was there any suspicion of a municipal water supply being responsible. Most cases occurred in person to person transmission from individuals who had acquired the disease from drinking or swimming in untreated surface water in this province or elsewhere. Such individuals may show no clinical illness, but become chronic carriers and capable of passing it on to other household members.

(4) From the table it can be seen that the most significant increase in communicable disease incidence in 1983 was in the number of cases of salmonellosis occurring. This was due largely to two outbreaks of salmonella foodborne infection that followed two large private functions in the summer. These functions were catered for privately and, while all cases could not be proved bacteriologically, from the epidemiology and clinical symptoms, it is estimated that 500-550 persons were affected in toto. Public health investigation of these outbreaks was hampered by late notification and the fact that the suspected food source was unavailable for examination, having been all consumed or discarded. However, intensive efforts were made by all staff to control nosocomial spread, and further secondary spread in the community. A very large number of home visits were made and health education about the epidemiology and spread of the disease was carried out on a large scale. Preparing and serving food to such large number of persons privately pose many potential hazards. Apart from these two outbreaks, there was also a significant increase in cases of salmonellosis occurring that could not be traced to a common source, and a feature of these infections in 1983 was the severity of the illness, with many cases having to be hospitalized. This was also observed in other areas of the province where other outbreaks occurred similar to ours, and sporadic cases were also on the increase (see Table VI). The main salmonella serotype that caused disease in 1983 was Salmonella typhimurium and a breakdown of the 93 cases bacteriologically confirmed in 1983 in this Health Region show serotypes as follows:-

- 4

Salmonella typhimurium - 83
Salmonella Schwarzengrund - 3
Salmonella enteritidis - 2
Salmonella give - 1
Salmonella miami - 1
Salmonella montevideo - 1
Salmonella heidelberg - 1
Salmonella muenchen - 1

Other Communicable Diseases

Western Equine Encephalitis (WEE)

No human cases occurred in 1983; there was a slight increase in virus activity compared to 1982 but this was still very minimal. As the potential exists for a WEE outbreak any year, a course in mosquito control was given by the province during the year to many municipal and public health employees.

Pediculosis Capitis (head lice)

For unknown reasons there was an increased incidence of head lice in certain parts of the Region beginning in the fall of the year; this again corresponded with an increased incidence in the province as a whole. In certain instances this gave rise to a considerable degree of public alarm and concern, and necessitated an intensive public health effort at control and general education. Many persons over reacted or under reacted, and the biggest problem was in convincing people that head lice infestation did not indicate that anyone was "unclean" or lacking in personal hygiene.

Table VI compares incidence rates of certain notifiable communicable diseases between our Health Region, Saskatchewan and Canada. As usual, some caution in interpretation is advisable.

Rabies

Table VII shows the animals examined for rabies in 1983 and compares this to the previous 3 years. Far fewer animals were examined and it appears that the epidemic among skunks in 1981 and 1982 subsided during 1983. However, the reservoir of rabies among skunks, particularly,remains, and it should be emphasized that the most effective methods of preventing human exposure to rabid animals are: proper immunization of all domestic animals against rabies, and care to avoid approaching or handling wild animals.

TABLE I POPULATION BY AGE GROUP - YORKTON-MELVILLE HEALTH REGION

| AGE GROUP | MALE | FEMALE | TOTAL |
|---|---|---|---|
| 0 - 4 | 3032 | 3024 | 6056 |
| 5 - 9 | 3116 | 2971 | 6087 |
| 10 - 14 | 3299 | 3265 | 6564 |
| 15 - 19 | 3994 | 3673 | 7667 |
| 20 - 24 | 3566 | 2980 | 6546 |
| 25 - 29 | 2997 | 2706 | 5703 |
| 30 - 34 | 2614 | 2375 | 4989 |
| 35 - 39 | 2174 | 2165 | 4339 |
| 40 - 44 | 1962 | 1945 | 3907 |
| 45 - 49 | 1929 | 1931 | 3860 |
| 50 - 54 | 2081 | 2002 | 4083 |
| 55 - 59 | 2349 | 2331 | 4680 |
| 60 - 64 | 2406 | 2330 | 4736 |
| 65 - 69 | 2226 | 2235 | 4461 |
| 70 - 74 | 1889 | 1940 | 3829 |
| 75 - 79 | 1326 | 1470 | 2796 |
| 80 - 84 | 778 | 861 | 1639 |
| 85 - 89 | 342 | 466 | 808 |
| 90+ | 158 | 246 | 404 |
| TOTAL | 42238 | 40916 | 83154 |

Total Population: 83,154
Total Youth Dependency Ratio: .370
Total Aged Dependency Ratio: .275
Total Dependency Ratio: .646
Population 15 years of Age: 22.5%
Population 65 years of Age: 16.8%
Male to Female Ratio of Population: 1.032:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 to 64 years old.
For Health Region No. 10 this ratio is higher than for the provincial total owing to the greater number of dependent persons 65 years and over.

TABLE II POPULATION BY AGE GROUP - SASKATCHEWAN

| AGE GROUP | MALE | FEMALE | TOTAL |
|---|---|---|---|
| 0 - 4 | 43810 | 41556 | 85366 |
| 5 - 9 | 41068 | 39584 | 80652 |
| 10 - 14 | 40941 | 39053 | 79994 |
| 15 - 19 | 45817 | 43827 | 89644 |
| 20 - 24 | 50745 | 48682 | 99427 |
| 25 - 29 | 47093 | 45014 | 92107 |
| 30 - 34 | 38281 | 36067 | 74348 |
| 35 - 39 | 30278 | 28942 | 59220 |
| 40 - 44 | 24295 | 23750 | 48045 |
| 45 - 49 | 22626 | 22193 | 44819 |
| 50 - 54 | 23630 | 22959 | 46589 |
| 55 - 59 | 23295 | 23947 | 47242 |
| 60 - 64 | 21937 | 23130 | 45067 |
| 65 - 69 | 19364 | 21068 | 40432 |
| 70 - 74 | 15117 | 16905 | 32022 |
| 75 - 79 | 10726 | 12592 | 23318 |
| 80 - 84 | 6282 | 7930 | 14212 |
| 85 - 89 | 2950 | 4674 | 7624 |
| 90+ | 1607 | 2761 | 4368 |
| TOTAL | 509862 | 504634 | 1014496 |

Total Population: 1,014,496
Total Youth Dependency Ratio: .380
Total Aged Dependency Ratio: .188
Total Dependency Ratio: .569
Population 15 years of age = 24.2%
Population 65 years of age = 12.0%
Male to female ratio of population = 1.010:1

## TABLE III

LIFE EXPECTANCY AT BIRTH IN SASKATCHEWAN AND HEALTH REGION NO. 10

| | SASKATCHEWAN | | HEALTH REGION NO. 10 | |
|---|---|---|---|---|
| YEAR | MALE | FEMALE | MALE | FEMALE |
| 1979 | 72.1 | 79.4 | 72.9 | 78.8 |
| 1980* | 72.3 | 79.3 | 73.1 | 79.1 |

* Latest year available

TABLE IV SUMMARY OF VITAL STATISTICS 1974-1983

| ITEM | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981* | 1982 | 1983 |
|---|---|---|---|---|---|---|---|---|---|---|
| * Population Saskatchewan | 922,487 | 931,291 | 949,463 | 961,526 | 970,510 | 976,734 | 982,237 | 990,746 | 1,000,667 | 1,014,496 |
| Population Health Region #10 | 84,126 | 84,381 | 85,099 | 85,242 | 84,838 | 84,442 | 83,571 | 82,952 | 83,332 | 83,154 |
| Live Births Saskatchewan | 15,118 | 15,265 | 15,969 | 16,547 | 16,551 | 16,977 | 17,116 | 17,300 | 17,759 | 17,823 |
| Live Births Health Region #10 | 1,113 | 1,078 | 1,135 | 1,155 | 1,151 | + | 1,132 | 1,141 | 1,105 | 1,141 |
| Birth Rate, Saskatchewan | 16.8 | 16.8 | 17.3 | 17.7 | 17.1 | 17.7 | 17.4 | 17.5 | 17.7 | 17.6 |
| Birth Rate,Health Region # 10 | 13.5 | 13.2 | 13.7 | 13.6 | 13.6 | + | 13.5 | 13.8 | 13.3 | 13.7 |
| Gross Reproductive Rate,Sask. | 1.192 | 1.159 | 1.126 | 1.113 | + | + | 1.011 | 1.005 | 1.015 | 0.999 |
| Gross Reproductive Rate,HR#10 | | | | 1.046 | 1.027 | + | 1.006 | 0.903 | 0.964 | 0.997 |
| Infant Deaths,(< 1 year) Sask. | 313 | 272 | 229 | 249 | 236 | 189 | 193 | 200 | 181 | 177 |
| Infant Deaths,(< 1 year)HR#10 | 21 | 12 | 9 | 14 | 13 | 14 | 11 | 13 | 5 | 9 |
| Infant Mortality Rate Sask. | 20.7 | 17.8 | 14.3 | 15.0 | 14.5 | 11.1 | 11.3 | 11.6 | 10.2 | 9.9 |
| Infant Mortality Rate HR#10 | 18.9 | 11.1 | 7.9 | 12.1 | 11.6 | + | 9.7 | 11.4 | 4.5 | 7.9 |
| Neonatal Deaths,Saskatchewan | 191 | 164 | 139 | 156 | 151 | 117 | 101 | 108 | 110 | 102 |
| Neonatal Deaths, H.R. #10 | 17 | 7 | 7 | 9 | + | + | + | 9 | 2 | 3 |
| Neonatal Death Rate,Sask. | 12.6 | 10.7 | 8.7 | 9.4 | 9.5 | 6.9 | 5.9 | 6.2 | 6.1 | 5.7 |
| Neonatal Death Rate,HR#10 | 15.3 | 6.5 | 6.2 | 7.8 | + | + | + | 7.9 | 1.8 | 2.6 |
| Perinatal Deaths,Saskatchewan | 341 | 280 | 269 | 295 | 274 | 235 | 223 | + | 191 | 185 |
| Perinatal Deaths, H.R. # 10 | + | + | + | + | + | + | + | 14 | 7 | 10** |
| Perinatal Death Rate,Sask. | 22.3 | 18.2 | 16.7 | 17.7 | 16.4 | 13.7 | 12.9 | + | 10.7 | 10.3 |
| Perinatal Death Rate, H.R.#10 | + | + | + | + | + | + | + | 12.2 | 6.3 | 8.7 |

* Based on SHSP mid-year population available.

** 7 stillbirths and 3 deaths within the first 7 days of life

+ Not available

TABLE V

INCIDENCE OF CERTAIN COMMUNICABLE DISEASE (1974-1983)

| DISEASE | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 |
|---|---|---|---|---|---|---|---|---|---|---|
| Gonorrhoea | 86 | 55 | 56 | 46 | 35 | 24 | 31 | 38 | 29 | 27 |
| Syphilis | 3 | 3 | 4 | 5 | 4 | 0 | 1 | 1 | 0 | 0 |
| Hepatitis A | 27 | 6 | 0 | 11 | 1 | 5 | 6 | 2 | 4 | 4 |
| Hepatitis B | | | | | 1 | 1 | 1 | 1 | 0 | 0 |
| Salmonellosis | 14 | 6 | 18 | 7 | 10 | 23 | 14 | 15 | 7 | 93 |
| Measles | 88 | 61 | 22 | 26 | 14 | 68 | 39 | 5 | 0 | 0 |
| Rubella | 1 | 4 | 0 | 0 | 1 | 17 | 8 | 0 | 0 | 0 |
| Pulmonary Tuberculosis | 5 | 4 | 21 | 2 | 3 | 1 | 11 | 5 | 2 | 2 |
| Shigellosis (Bacillary Dysentery) | | | | | | 2 | 13 | 33 | 8 | 1 |
| Meningitis | | | | | | 11 | 8 | 17 | 13 | 4 * |
| Giardiasis+ | | | | | | | | | 8 | 13 |

+ Not previously tabulated before 1982

* This consisted of one case of Bacterial Meningitis due to H. influenza and 3 cases of viral meningitis of unknown etiology.

TABLE VI

Health Region No. 10 - 83,154
Saskatchewan - 1,014,496*
Canada - 24,889,000 *

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES (1980-1983)

| DISEASE | 1980 (Rate per 100,000 population) | | | 1981 (Rate per 100,000 population | | | 1982 (Rate per 100,000 population | | | 1983 (Rate per 100,000 population | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Health Region No.10 | SASKATCHEWAN | CANADA | Health Region No.10 | SASKATCHEWAN | CANADA | Health Region No.10 | SASKATCHEWAN* | CANADA * | Health Region No.10 | SASKATCHEWAN* | CANADA * |
| Gonorrhoea | 37.1 | 264.9 | 223.4 | 45.6 | 272.1 | 272.4 | 34.8 | 246.5 | 214.5 | 32.5 | 200.0 | 178.1 |
| Syphilis | 1.2 | 4.5 | 12.7 | 1.2 | 2.1 | 12.2 | nil | 2.1 | 3.9*** | 0 | 0.9 | 4.3 |
| Hepatitis A | 7.2 | 18.4 | 5.7 | 2.4 | 11.9 | 4.4 | 4.8 | 8.2 | 4.9 | 4.8 | 13.7 | 5.0 |
| Hepatitis B | 1.2 | 10.9 | 4.7 | 1.2 | 9.3 | 4.3 | nil | 16.0 | 5.1 | 0 | 16.5 | 7.6 |
| Salmonellosis | 16.7 | 23.4 | 35.9 | 18.0 | 25.0 | 32.1 | 8.4 | 45.5 | 34.5 | 111.8 | 82.4 | 35.9 |
| Measles | 46.7 | 30.6 | 56.3 | 6.0 | 6.4 | 9.5 | nil | 3.6 | 4.2 | 0 | 0.2 | 3.7 |
| Rubella | 9.6 | 38.4 | 13.1 | 0 | 7.3 | 6.8 | nil | 6.4 | 12.1 | 0 | 8.1 | 30.0 |
| Pulmonary Tuberculosis** | 13.2 | 10.8 | 9.5 | 4.8 | 10.8 | 8.4 | 2.4 | 12.5 | 9.3 | 2.4 | 10.5 | 7.7 |
| Shigellosis | 15.6 | 39.7 | 9.8 | 39.6 | 68.0 | 10.1 | 9.6 | 61.8 | 8.2 | 1.2 | 27.1 | 7.2 |
| Giardiasis | | | | | | | | | | 15.6 | 10.8 | 18.3 |

The rates for Canada were calculated from a total population of 24,889,000 which is the estimated 1983 figures obtained from Statistics Canada, and based on the national census in 1981; and for Saskatchewan from the SHSP June 30, 1983 population of 1,014,496.

* Source: Canada Diseases Weekly Report, February 4th, 1984.

** This includes both cases bacteriologically confirmed and not bacteriologically confirmed as well as cases of primary tuberculosis.

*** Corrected figure from 1982 Annual Report.

TABLE VII RABIES

| SPECIES | NUMBER EXAMINED | | | | NUMBER POSITIVE | | | | PERCENT POSITIVE | | | | POSITIVE ANIMALS WITH CONFIRMED HUMAN BITE | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1980 | 1981 | 1982 | 1983 | 1980 | 1981 | 1982 | 1983 | 1980 | 1981 | 1982 | 1983 | 1980 | 1981 | 1982 | 1983* |
| Skunk | 14 | 32 | 31 | 5 | 10 | 22 | 20 | 5 | 71.4 | 68.8 | 64.5 | 100 | 2 | - | 1 | - |
| Cat | 7 | 11 | 14 | 18 | - | 1 | 1 | - | - | 9.1 | 7.1 | - | - | 1 | 1 | - |
| Dog | 8 | 13 | 24 | 14 | 1 | 1 | 2 | - | 12.5 | 7.7 | 8.3 | - | - | 1 | - | - |
| Bovine | 2 | 8 | 5 | 5 | - | 3 | - | - | - | 37.5 | - | - | - | - | - | - |
| Coyote | 1 | 3 | 6 | 2 | - | - | - | - | - | - | - | - | - | - | - | - |
| Porcupine | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Fox | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Goat | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Owl | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Racoon | - | 3 | 3 | 2 | - | - | - | - | - | - | - | - | - | - | - | - |
| Gopher | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| Horse | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Bat | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Mole | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Squirrel | - | - | 3 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Chipmunk | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Mouse | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Rat | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL | 34 | 76 | 91 | 48 | 11 | 27 | 23 | 5 | 32.4 | 35.5 | 25.3 | 10.4 | 2 | 2 | 2 | - |

* Seven complete post exposure ~~cases~~ of HDCV were given as follows:

Three for bites by stray cats that escaped.

One for very suspicious cat bite although initial test negative.

One for a mole bite - parents extremely anxious although not clinically indicated.

Two for exposure to a suspicious cow which was unfortunately not submitted for examination.

Annual Report - Public Health Nursing - 1983 - Miss Carol Kerr

During 1983 the efforts of the Public Health Nurses were directed towards the prevention of disease and promotion of health. Health begins with knowledge and good health practices of every member of the family. Encouragement of good health habits as well as early intervention for the correction of any health problem is an objective of the Public Health Nurses.

1983 was a difficult year in regards to Public Health Nursing staffing. In May, one Public Health Nurse II position was vacated, the incumbent taking an indefinite leave with no replacement obtained until December. Three Public Health Nurse I's went on maternity leave without pay while one Public Health Nurse did not return from educational leave until May 1, 1983. Two Public Health Nurse I positions were vacated due to family commitments. However we were fortunate in obtaining the services of three part-time Public Health Nurse I's. Vacancies are gradually being filled but the time lapse from vacancy occurring until appeal is granted and recruitment completed makes it difficult to maintain services.

Coinciding with many changes in personnel there have been changes in position responsibilities of Public Health Nurse II's and Public Health Nurse III's. Major changes affecting the Public Health Nurse II are the deletion of a caseload as well as increased responsibilities for supervision. This will provide more on-going supervision with each nurse in the variety of nursing services they provide to clients. Increased nurse management function with responsibilities for reviewing nursing programs has been added to the Public Health Nurse III duties. Bonnie Rushowick, Public Health Nurse II has been given the responsibility for supervision of the Public Health Nurses in Yorkton, Wynyard, Foam Lake, Theodore and Canora. Vivianne Stewart, Public Health Nurse II, who was appointed December 1, 1983 is responsible for the Public Health Nurses in Preeceville, Kamsack, Norquay, Melville and Esterhazy.

Changes in position responsibilities of the Public Health Nurse III's and Public Health Nurse II's will provide improved management of nursing programs, supervision, information regarding program activity, and increased credibility in program evaluation.

Public Health Nursing programs are presently being reviewed and changes are being initiated. The redefined scoliosis program was implemented in January 1983 on girls 11 and 12 years of age, as well as the girls and boys in the kindergarten age group. The program will be evaluated in the New Year to indicate the effects of the Public Health Nurses efforts. The evaluation task is made easier because of the detailed evaluation component inherent in the program.

Immunization remained a high priority in the Public Health Nurse program. There are 34 Child Health Centres organized throughout the region - these centres are outlined in Table I. The clinics are organized to provide continued health supervision of infants and preschool children. The program is designed to assess growth and development, screen for defects, protect against disease through immunization, and to counsel parents. Children who are identified with specific health or developmental problems are referred for diagnostic investigation and early treatment to physicians, psychologists, audiologists, speech/language pathologists as well as other professionals.

Immunization is also given to travellers to countries outside of Canada, which have specific requirements for certain diseases. Immunization is available from the Yorkton Office, as well as each district health office throughout the Region. Travellers are encouraged to enquire about their needs well in advance of their planned travel dates.

The demand for prenatal classes continues. The number of mothers and fathers attending classes showed an increase over the previous year. The prenatal classes provide an opportunity for expectant parents to discuss their ideas, feelings and experiences about pregnancy and parenthood, as well as receiving factual information about what is going to happen before it occurs.

Classes were also held for adoptive parents in an effort to effectively meet the needs of this group. Preparation for parenting is a concern of many adoptive parents. The classes assisted in reducing anxiety and making the whole process of becoming parents more meaningful.

An unmet need continues to be the lack of prenatal classes for unmarried mothers. This group, due to age and circumstances, have special needs in regards to their physical and emotional health and wellbeing.

A team of specialists came from the Alvin Buckwold Centre in Saskatoon for a three day clinic in the Yorkton Health Region facilities. A number of social workers, health and educational agencies were involved in planning for this clinic. A total of 53 children were assessed. The causes and extent of delay in development were assessed and a treatment and rehabilitation regime for each child was planned. These clinics are very valuable and we greatly appreciate the skilled coordinated services provided.

The Public Health Nurses assisted with the education of student nurses from the College of Nursing. In June, 8 students from the University of Saskatchewan were given four and a half weeks of Public Health Nursing field experience under the supervision of their field instructor. Through this experience the students' knowledge of community health programs are broadened.

Inservice education for Public Health Nurses is held monthly to keep them up-to-date in current health practice. One of the highlights was a two-day course on Cardio Pulmonary Resuscitation which was arranged through the Parkland Community College. The majority of Public Health Nurses in the Health Region took advantage of this opportunity to obtain their certificates in CPR. Other presentations by guest speakers included: Dr. Datta, Pediatrician, Yorkton, Dr. Watler, Medical Health Officer, Johanna Bergerman, Regional Nutritionist , Perry Dron, Respiratory technician from SAIL (Saskatchewan Aids to Independent Living), as well as Public Health Nurses who attended various seminars throughout the year. Presentations by nurses included such topics as Diabetes, Teenage Alcohol and Drug Abuse, Suicide Symposium, POGO, Tough Love and Human Sexuality.

Although much of the work we do is of a routine nature, there are many aspects which provide a tremendous focus of stimulation and interest. Our main concern is to help individuals and families to help themselves achieve healthful and meaningful lives.

My thanks to the nurses for their unfailing interest and enthusiasm, and to all the health region staff for their support over the past year.

TABLE I - SCHEDULED CHILD HEALTH CENTRES - YORKTON-MELVILLE REGION

Clinics are held at the Public Health Office unless indicated otherwise

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| 1st Week | No Clinics | Esterhazy, 9-12; 1-4 p.m.<br>Yorkton, 8:45-11:40 a.m. | Wynyard, 9-12; 1-4 p.m.<br>Yorkton, 8:45-11:40;1-4 p.m.<br>Grayson-School Library 10-12;1-4 p.m. | Foam Lake, 10-12;1-4 p.m.<br>Kamsack, 9:30-12;1-4 p.m.<br>Melville, 9-12;1-4:30 p.m.<br>Preeceville, 9-12; 1-4 p.m.<br>Yorkton, 8:45-11:40;1-4 p.m.<br>Arran, School, 1:30-3:30 p.m.<br>Langenburg, Municipal Auditorium, 10-12;1-3:30 p.m. | No Clinics |
| 2nd Week | No Clinics | Esterhazy, 9-12;1-4 p.m.<br>Ituna, 9:30-12;1-4 p.m.<br>Churchbridge, Town Hall 10-12; 1-4 p.m.<br>Neudorf-Med. Clinic Bld., 10-12;1-4 p.m.<br>Rhein, Fire Hall;1-3:30<br>Tantallon, School,1-3 pm.<br>Willowbrook,School,1-2:30 | Wynyard, 9-12; 1-4 p.m.<br>Yorkton, 8:45-11:40 | Canora, 9-12;1-4 p.m.<br>Melville,9-12; 1-4:30<br>Preeceville, 9-12;1-4 p.m.<br>Yorkton, 8:45-11:40;1-4 p.m.<br>Gerald-Rink Kitchen; 1-4 p.m.<br>Saltcoats, Comm. Hall,10-12,1-4 p.m.<br>Springside,Legion Hall,10-12,1-4 p.m.<br>Calder:Good Neigh.Centre;10-12,1-4 p.m.<br>MacNutt, School, 10-12,1-4 p.m. | No Clinics |
| 3rd Week | No Clinics | Esterhazy, 9-12;1-4 p.m.<br>Wishart:Doctor's Office 10-12, 1-3 p.m.<br>Lemberg, Lemberg Clinic, 10:30-12;1-4 p.m. | Wynyard, 9-12;1-4 p.m.<br>Yorkton, 8:45-11:40;1-4 pm.<br>White Spruce-M.I.R. 1-3:30pm.<br>Lintlaw, Town Office, 1-3 p.m.<br>Pelly (Norquay Health Office, 10-12;1-3:30 p.m. | Foam Lake, 10-12;1-4 p.m.<br>Kamsack, 9:30-12;1-4 p.m.<br>Melville, 9-12;1-4:30 p.m.<br>Yorkton, 8:45-11:40 a.m.<br>Preeceville, 9-12;1-4 p.m.<br>Bredenbury, Comm. Hall, 1-3:30 p.m.<br>Langenburg-Municipal Auditorium 10-12;1-3:30 p.m. | No Clinics |
| 4th Week | Invermay, Village Office 1-3 p.m. | Esterhazy, 9-12;1-4 p.m.<br>Ituna, 9:30-12;1-4 p.m.<br>Sheho, Doctors Office,1-3<br>Buchanan, Town Office, 1-4 p.m.<br>Norquay, 10-12;1-4 p.m.<br>Churchbridge, Town Hall. 10-12, 1-4 p.m. | Yorkton, 8:45-11:40; 1-4<br>Wynyard, 9-12, 1-4 p.m.<br>Rama, School 1-3 p.m.<br>Norquay, 10-12, 1-4 p.m. | Melville, 9-12; 1-4:30 p.m.<br>Preeceville, 9-12;1-4 p.m.<br>Theodore, 9-12;1-4 p.m.<br>Yorkton-8:45-11:40 a.m.<br>Spy Hill, R.M. Office, 1-3 p.m.<br>Canora, 9-12, 1-4 p.m. | No Clinics |
| 5th Week | No Clinics | Esterhazy, 9-12;1-4 p.m. | No Clinics | Melville, 9-12, 1-4:30 p.m.<br>Preeceville, 9-12; 1-4 p.m. | No Clinics |

# PUBLIC HEALTH NURSING ANNUAL REPORT - 1983

| | 1979 | 1980 | 1981 | 1982 | 1983 |
|---|---|---|---|---|---|
| Total Home Visits | 8820 | 9591 | 8548 | 6342 | 4815 |
| Number of Child Health Centers | + | 42 | 42 | 36 | 36 |
| Number of Child Health Conferences Held | + | 1443 | 1576 | 1563 | 1647 |
| **Prenatal Services** | | | | | |
| Home Visits | 241 | 281 | 244 | 264 | 201 |
| Classes held | 163 | 203 | 247 | 184 | 179 |
| Total Attendance - Mothers | 906 | 1233 | 1388 | 1112 | 1269 |
| - Fathers | 462 | 671 | 924 | 829 | 984 |
| **Post-Natal Services** | | | | | |
| Home Visits | 932 | 947 | 893 | 953 | 953 |
| **Services to Infants** | | | | | |
| Child Health Conference Attendance | 3272 | 3587 | 3664 | 3605 | 3311 |
| Immunization | | | | | |
| Primary DPT | 1031 | 1100 | 1062 | 1119 | 1047 |
| Primary OPV | 1016 | 1093 | 1052 | 1115 | 973 |
| **Services to Preschoolers** | | | | | |
| Child Health Conference Attendance | 4220 | 5658 | 5087 | 5344 | 5071 |
| Immunization | | | | | |
| DPT Boosters (18 mon. & 5 year) | 1564 | 2344 | 1855 | 2142 | 2072 |
| OPV | | 2212 | 1847 | 1138 | 2073 |
| MMR | 1021 | 1401 | 1193 | 1138 | 1075 |
| Auditory Screening | | 998 | 1055 | 1068 | 983 |
| **School Services** | | | | | |
| Scoliosis Screening | + | 1247 | 1655 | 998 | 3490 |
| Auditory Screening | + | 1759 | 1580 | 1701 | 1073 |
| Students Discussed with parents | + | 1730 | 1731 | 1866 | 1443 |
| Health Education Programs (students involved) | + | 1561 | 1748 | 1481 | 854 |
| Immunization | | | | | |
| DT Boosters | 2230 | 1942 | 1613 | 1839 | 1338 |
| OPV | + | 2036 | 1620 | 1842 | 1259 |
| Rubella | 1081 | 557 | 676 | 423 | 281 |
| Communicable Disease Follow-up Home Visit | + | 182 | 183 | 312 | 310 |
| **Adult Services** | | | | | |
| Adults over 65 | 2563 | 2462 | 1598 | 1044 | 833 |
| Physically and Mentally Handicapped | 1059 | 1136 | 649 | 428 | 329 |
| **SAIL Home Visits** | | | | | |
| Number of SAIL Recipients | 916 | 1259 | + | + | + |
| Number of pieces of equipment distributed | 1415 | 2074 | + | + | + |
| **Home Care** | | | | | |
| Home visits made | + | 2930 | 2877 | ** | ** |
| Caseload varied | 32-35 | 25-46 | 44-56 | ** | ** |

\+ not recorded

** Transferred to Social Services May 1, 1982

Annual Report 1983 - Public Health Inspection - Mr. Laurie Wright

Activities of note during the year included:

(1) During March, three of us attended a two week in-service training session in Saskatoon.

(2) In February, the Saskatchewan National Sanitation Training Program course in food handling was presented to 33 people in Melville. This group was predominantly people from Home Care.

(3) In April the same food handling course was presented to 16 people in Yorkton.

(4) Throughout the period from late June to late August, our inspectors were involved in the investigative aspects of a number of outbreaks of foodborne illness. None of these incidents involved a public eating establishment. It seems that these outbreaks took place through the province, not just in our Health Region.

(5) We had a trainee again for a 12 week period during June, July and August. Mr. Wayne Button was our trainee. His home is in Weyburn. He had completed one year of training at the British Columbia Institute of Technology.

(6) During the summer, inspectors conducted a property by property survey of the properties around Crystal Lake. This was in response to the many suggestions that many properties at the lake have sewage systems that were unapproved or unacceptable within the applicable public health legislation. The conclusions reached were that there are very few if any properties which do not comply with the regulations. The few that don't require only minor adjustments or improvements to achieve compliance. It is interesting to note that a planning and development survey of the lake area by a Planning Consulting firm reached the same conclusion on this point. Also the consultants and our inspectors concurred that the lake water quality is quite suitable for water contact recreational activities and the well water, although not the best quality, is within acceptable limits for consumption.

(7) Throughout the year water analysis reports continued sporadically to show non coliform overgrowths. This gives us concern that an overgrowth may mask a coliform growth which can be an indicator of a potential presence of pathogens.

(8) During the last months of the year a number of cat's heads were examined in the Federal Health of Animals Laboratory at Lethbridge. These were under suspicion of the presence of rabies. All of them were found to be negative. The suspicion of rabies was, in the vast majority of cases, due to abnormal behavior and possibly an indication of some illness. The unusual behavior is generally accepted as a symptom of rabies. There has been nothing

to properly explain this unusual behavior amongst the cat population.

(9) We continue to struggle with the evolutionary transition of trailer courts into mobile home courts. The struggle comes from the sizing of unit spaces, the separation distances between units, on site facilities required, to name a few items.

(10) During the year several pesticide container collection sites were established in the Region, either independently or in conjunction with waste disposal grounds. We are hopeful that people will use these sites and thereby relieve the concerns and difficulties which arise from placing these containers along with other refuse.

The attached statistical report is compiled from the printout from the Public Health Inspector Information System. Modifications to the system and other uncontrollables do not permit provision of any meaningful comparative figures with previous years.

# STATISTICAL ACTIVITY REPORT 1983

| FACILITY - (Related Services) | No. Field Visits | TIME SPENT (Hours) Field Visits | Consult. | Formal Insp. | Totals | % |
|---|---|---|---|---|---|---|
| Eating Establishments | 656 | 603 | 106 | 300 | 1009 | 9 |
| Food Distribution | 93 | 77 | 50 | 16 | 143 | 2 |
| Food Processing | 64 | 77 | 33 | 14 | 124 | 1 |
| Liquor Outlets | 99 | 74 | 13 | 53 | 140 | 1 |
| Communal Water System | 153 | 99 | 46 | 25 | 170 | 2 |
| Private Water Supply | 49 | 44 | 92 | 0 | 136 | 1 |
| Public Water Supply | 75 | 63 | 33 | 2 | 98 | 1 |
| Communal Sewage System | 41 | 32 | 28 | 39 | 99 | 1 |
| Private Sewage System | 202 | 97 | 71 | 0 | 168 | 1 |
| Public Sewage System | 39 | 32 | 12 | 0 | 44 | 0 |
| Solid Waste Disposal | 207 | 168 | 82 | 62 | 312 | 2 |
| Liquid Waste Transport | 26 | 25 | 33 | 0 | 58 | 0 |
| Hospitals | 8 | 11 | 11 | 13 | 35 | 0 |
| Schools | 31 | 37 | 24 | 20 | 81 | 1 |
| Institutions | 19 | 22 | 15 | 25 | 62 | 1 |
| Housing | 221 | 214 | 113 | 0 | 327 | 2 |
| Mobile Home Parks | 20 | 28 | 17 | 3 | 48 | 0 |
| Trailer Courts | 9 | 10 | 9 | 12 | 31 | 1 |
| Hotels | 99 | 75 | 22 | 51 | 148 | 1 |
| Motels | 11 | 11 | 5 | 24 | 40 | 0 |
| Industrial Facilities | 6 | 5 | 4 | 0 | 9 | 0 |
| Swimming Pools | 102 | 115 | 44 | 20 | 179 | 2 |
| Agricultural Facilities | 41 | 47 | 39 | 0 | 86 | 1 |
| Personal Service Facilities | 142 | 60 | 21 | 3 | 84 | 1 |
| Recreational Facilities | 342 | 336 | 84 | 22 | 442 | 4 |
| Public Facilities | 75 | 74 | 31 | 7 | 112 | 1 |
| Plumbing | 907 | 522 | 193 | 0 | 715 | 6 |
| Investigations | 159 | 241 | 75 | 0 | 316 | 3 |
| TOTAL FACILITY RELATED SERVICES | 3890 | 3199 | 1306 | 711 | 5216 | 45 |

| GENERAL SERVICES | TIME SPENT (Hours) TOTALS | PERCENTAGE |
|---|---|---|
| Travel | 1788 | 16 |
| Meetings | 362 | 3 |
| Surveys | 91 | 0 |
| Monitoring | 33 | 1 |
| Training Courses | 404 | 8 |
| Other | 133 | 1 |
| Total General Services | 2811 | 29 |

| OFFICE SERVICES | | |
|---|---|---|
| Projects | 43 | 0 |
| Staff Meetings | 355 | 4 |
| Staff Development | 388 | 3 |
| General Administration | 2661 | 23 |
| Total Office Services | 3447 | 30 |
| GRAND TOTALS | 11474 | 100 |

Speech Therapy - Mrs. Sharon Bond-Moore and Miss Heather Lounsbury

1983 has been an exciting year of growth and change in the Speech/Language Therapy program of the Yorkton-Melville Health Region.

From January 1983 - June 1983, there were no speech/language pathology services in the region. The new Speech/Language Pathologist, Heather Lounsbury, commenced employment on June 6, 1983, and Sharon Bond-Moore returned to full-time employment following maternity leave on October 1, 1983.

Upon consultation with Dr. Watler and Brenda Righetti, Speech/Language Consultant, it was decided that provision of service would be divided geographically. Heather Lounsbury would provide service to the northern portion of the region and Sharon Bond-Moore would cover the southern area. It was also determined that rather than the therapist holding clinics in each district office, service would be provided centrally. At the present time Speech Therapy Clinics are held on a weekly basis in Yorkton, Canora, Wynyard, Melville and Esterhazy.

The Speech/Language Pathologists continued to provide diagnostic remedial and consultative services to preschool children and adults who were experiencing communication difficulties. It is important to note that school-age children are receiving service from the two Shared Service Programs now operating in the school boards within our health service area.

The Speech/Language Pathologists diagnose and remediate communicative deficits and categorize them according to the following guidelines:

Articulation: - phonetic distortions, omissions, or substitutions known variously as articulation, phonetic, speech sound production, or oral motor planning problems.

Language - varying degrees of difficulty in receiving, processing, interpreting, integrating, organizing, formulating or expressing symbolic information known variously as disordered, deviant or delayed language, or phonological, morphological syntactic, and/or semantic problems and developmental or acquired aphasia.

Voice - disturbances in phonatory frequency, intensity, duration, initiation and/or cessation, prosodic elements and aberrations in oral-nasal acoustic output during speech involving inappropriate modulation of the glottal wave form known variously as voice, phonation, glottal wave form, laryngeal vibratory problems, or disturbances or resonance.

Fluency - repeating or prolonging sounds, syllables, whole words or phrases, interjections of inappropriate sounds, words, or phrases, inappropriate intensity or frequency variations, inordinate pauses, hesitations, or silent production, difficulty in initiation or cessation of phonation; known variously as stuttering, stammering, rate and rhythm problems, fluency problems, and prosodic and timing problems.

Associated Conditions - additional, contributing, or causative factors which accompany or compound an identified disorder (e.g. mental retardation, hearing impairment, behavioural disorder, et cetera).

Both therapists have been actively involved in a number of community programs. Consultative services have been provided to the Parkland Early Childhood Intervention Program (PECIP) and the Developmental Centers throughout the Region. An active role by both therapists was undertaken during the Alvin Buckwold Travelling Clinic in November.

Heather Lounsbury presented information to high school students and again to teaching professionals on normal speech/language development and the role of an Speech/Language Pathologist.

A video-tape presentation on infant communication was given at a Parent Involvement Project in October. Sharon Bond-Moore gave presentations for two sessions at the Provincial Day Care Association meeting held in Yorkton in October.

With the addition of a second therapist and the focus on the preschool and adult population, the therapists perceive the need for future programming in the following areas:

1) Inservice on communication deficits following a stroke for nursing home staff
2) A weekly aphasia group with joint emphasis on increasing communicative ability of stroke patients and spouse support.
3) A parent training group for appropriate speech/language intervention in preschool children.
4) An intensive summer articulation and language group for preschool children.

The quality of Speech/Language Pathology service to the Health Region has significantly improved over the past year. Reasons for improvement include the addition of a second Speech/Language Pathologist, transfer of school-aged children to the Shared Services Speech/Language Pathologist, and the introduction of weekly district clinics. The programs are constantly monitored to ensure that the needs of those requiring our services are being met.

We would like to take this opportunity to thank Dr. Watler, Carol Kerr, Johanna Bergerman, the Public Health Nurses, and the secretarial staff for their support and patience during this year of change. Teamwork continues to be the cornerstone of the health care services provided by the Yorkton-Melville Health Region.

# Speech Therapy Statistics - 1983

## NEW REFERRALS

Preschool - 65
School - 15
Adult - 16 TOTAL: 96

## SOURCE OF REFERRALS

Public Health Nurse - 54
Sask. Hearing Aid Plan - 1
Parent - 6
Physician - 7
Other - 28 TOTAL: 96

## NUMBER OF CLIENTS SEEN

Assessment - 101
Therapy/Program - 224
Follow-Up - 97
Other Case Conferences - 67 TOTAL: 489

## TYPES OF PROBLEMS DIAGNOSED

Multiple Problems - 34
Articulation - 38
Language Disorder - 8
Fluency Disorder - 10
Voice Disorder - 1
No Problem - 8
Other - 2 TOTAL: 101

Note:

There was no speech therapist employed for the months of January, February, March, April or May. Sharon Bond-Moore was on maternity leave until October 1, 1983 and Heather Lounsbury did not commence duties until June 1, 1983.

ANNUAL REPORT - 1983 REGIONAL NUTRITIONIST - Mrs. Johanna Bergerman

The ultimate goal of nutrition education is to maintain healthy productive people in the context of todays nutrition related health problems and current food supply. Nutrition services attempt to accomplish the development of nutritionally literate consumers who can adjust their food selection to a changing food supply, and who can adjust their food consumption pattern to changes in their nutritional status. Furthermore we need to teach people not only the knowledge that will help them to choose between this food and that, but also the analytical and evaluative skills necessary to think broadly about food and about nutrition in an ecologically sensitive and globally interdependent world.

Nutritionists in Saskatchewan have worked hard to produce education materials to catch up with the changed realities of the 1970's - which included the fact that a number of nutrition related degenerative diseases are due to possible deficiencies in trace elements, not deficiencies of the major vitamins and minerals. Our materials are now taking into account the newer recommendations made by National Health and Welfare which admonish us to eat fewer calories, less fat, less sugar and salt and more complex carbohydrates and unprocessed food.

Consumer information has been at the forefront in priorities over the past year. Our health region was able to purchase the film "Eat, Drink and Be Wary" for use in Nutrition Month. This film has proven to be very successful in dealing with consumer concerns about food. The film was purchased for nutrition month promotion, it is now being shown in prenatal classes.

Consumer information has also continued to be emphasized through weekly columns that are printed in all the local newspapers in our health region. Consumer demand for extra information and recipe sheets based on these columns is high.

Information display booths in the Mall during Nutrition Month and at the Home and Leisure Show as well as in our regional and district offices have been a successful way for more direct contact with the consumer. More than 15,000 pieces of nutrition literature has been given out in this way in the past year.

March being nutrition month has also become an opportunity to promote the importance of nutrition teaching to schools. A nutrition kit on the sugar content of foods was distributed along with presentations to school audiences. A Regional Nutritionists' Committee,of which I was a participant, worked during the summer to produce a nutrition and fitness package for Junior High School sudents. This package will be introduced to the schools in 1984. It is a package which will help teachers reinforce the concept that "you are what you eat" to a physical fitness conscious age group. It will also alert teachers to the tell-tale signs of anorexia nervosa.

Maintenance of other service areas such as individual counselling, prenatal assessments, consultation regarding specific client concerns continues as it has in the past years.

## REGIONAL NUTRITIONIST

### I. NUTRITION EDUCATION

A. Group Discussions, Lectures, Workshops, etc.

Number of Meetings - 38 Attendance - 819

B. In-Service Training and Orientation Sessions (Individual or Group Basis)

Number - 4 Attendance - 54

C. Mass Media and Production of Special Materials, etc.

Number - 87 - this number includes Television and Radio Interviews as well as newspaper columns

### II. INDIVIDUAL COUNSELLING

| | | |
|---|---|---|
| **Initial Visits** | | |
| Diabetic | - | 1 |
| Reducing | - | 8 |
| Low Cholesterol | - | 2 |
| Gastric | - | 1 |
| Allergy | - | 1 |
| Others | - | 35 |
| Prenatal Assessment | - | 202 |
| Prenatal Counselling | - | 19 |
| **Follow-Up Visits** | | |
| Diabetic | - | 2 |
| Reducing | - | 4 |
| Others | - | 17 |
| Consultation re: clients | - | 74 |
| TOTAL | | 366 |

### III. CONSULTATIVE SERVICES

| | |
|---|---|
| Provided technical information, materials, advice | 749 |
| Requested information, materials | 311 |
| Meetings, workshops, conferences, conventions attended | 18 |
| Liaisons initiated | 10 |
| Visitors | 16 |
| Other Services | 1 |
| TOTAL | 1105 |

POOR

QUALITY

ORIGINAL